



CONTRACT OPERATOR REGISTRY

(Please Print Clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

*Phone Number: _____ - _____ E-mail address: _____

Water Certificate Number: _____ Wastewater Certificate Number: _____

Water Certification Level: _____ Wastewater Certification Level: _____

**Telephone number where you can be contacted regarding contract operations.*

I would like to be included in the contract operator registry. I would be willing to be listed as providing operations for:

☐ G Drinking Water

Check One or

☐ G Wastewater

Both

Signature

Date

Return to:

Teresa Schuyler

KDHE - Bureau of Water

Technical Services Section

1000 SW Jackson Street, Suite 420

Topeka, KS 66612-1367